## SUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
	1 10 7	4		
FEE DETERMINATION	Hispan		89-21-01	
O.I.P.E. CLASSIFIER	4 1000		10 5 5M - U	
FORMALITY REVIEW	G-G-	911	10250	
RESPONSE FORMALITY REVIEW	/		1000	

## **INDEX OF CLAIMS**

•	Rejected	Ν.	Non-elected
=	Allowed	Ι,	Interference
_	(Through numeral) Canceled	Α.	Appeal
÷	Restricted	_	Objected

Claim Date  Claim Date  Claim Date  Claim Date  Fig. 19	Claim  Build  Build  101  102  103	Date
51	101	
	102	
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3 53	1 1001 1	<del></del>
4 54	104	<del>                                     </del>
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29 7	129	++
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40 90	140	
91	141	
42 92 92 93	142	
	143	
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46 96 97	146	
48 98 98	147	
49 99	148	<del>                                      </del>
50 100	150	╅┩╁╃╇

If more than 150 claims or 10 actions staple additional sheet here

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